

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter
Certificate from Yellow Cab
of Conway, LLC

226009

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 326 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: David T. Wellons, Jr.Telephone: (843) 997-1375

Address: 414 17th Ave South
Myrtle Beach, SC 29577

Fax: (843) 448-9281

Other: _____

Email: davidtwellons@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☒ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

*please expedite (immediately)
application due to
seasonal request
Thanks,
DTW*

RECEIVED
SEP 21 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

QBS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: Sept 21, 2010

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Yellow Cab of Conway, LLC

1818 N. Main St Conway SC 29526
Street Address of Applicant

414 17th Ave South Myrtle Beach, SC 29577
Mailing Address of Applicant if different from street address

843-997-1375 (843) 448-9281
Phone Fax

davidtwellons@yahoo.com
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

☒ LLC

Yellow Cab of Conway, LLC

David T. Wellons, Jr. sole member/manager

414 17th Ave South

Myrtle Beach, SC 29577

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month Sept Year 2010

Assets:

Cash	20,000
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	40,000
Garage Equipment (Net)	10,000
Machinery and Tools (Net)	10,000
Supplies on Hand	5,000
Prepays and Other Assets	72,500
Total Assets	157,500

Liabilities and Equity:

Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	\$157,200.

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$ 300.⁰⁰ per hour

Counties to be Served:

Statewide

Maximum Number of Passengers per Vehicle:

15

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Yellow Cab of Conway, LLC

Name of Motor Carrier

1818 N. MAIN ST, Conway, SC 29526

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 2400.00

Limits

25/50/25

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers

\$ 25,000/50,000/25,000

8-15 Passengers

\$ 25,000/100,000/25,000

Tower Insurance Company of New York

Name of Insurance Company

120 Broadway New York, NY 10271

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/5/2010

Date

C Kyle Burt

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

Yellow Cab of Conway, LLC
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.


☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF Horry)
Applicant's Signature

I, David T. Wellons, Jr., Sole/member manager
Name of Applicant's Representative Title
of Yellow Cab of Conway, LLC
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's Representative

SWORN TO BEFORE ME.

This 21st day of September, 2010
Notary PublicCommission Expires 1-2-2014

The State of South Carolina



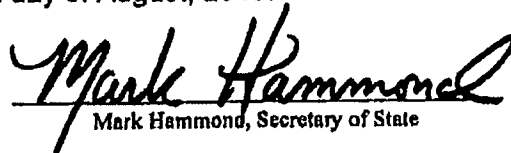
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

YELLOW CAB OF CONWAY, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 5th, 2010, with a duration that is until January 1st, 2090, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
5th day of August, 2010.


Mark Hammond, Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Section 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is **Yellow Cab of Conway, LLC.**
2. The address of the initial designated office of the Limited Liability Company in South Carolina is

**414 17th Avenue South
Myrtle Beach, South Carolina 29577**

3. The initial agent for service of process of the Limited Liability Company is

David T. Wellons, Jr.
Name


Signature

and the street address in South Carolina for this initial agent for service of process is

**414 17th Avenue South
Myrtle Beach, South Carolina 29577**

4. The name and address of each organizer is

**David T. Wellons, Jr.
414 17th Avenue South
Myrtle Beach, South Carolina 29577**

5. ☒ Check this box only if the company is to be a term company. If so, provide the term specified: **The company shall cease to exist on January 1, 2090**
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

**David T. Wellons, Jr.
414 17th Avenue South
Myrtle Beach, South Carolina 29577**

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. **N/A**

100005-0100

FILED: 08/05/2010
YELLOW CAB OF CONWAY, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

Articles of Organization - Yellow Cab of Conway, LLC

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8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement. N/A
10. Signature of each organizer


David T. Wellons, Jr.Date: 8/2/10